

ProcessWorks, Inc. P.O. Box 2490

Brookfield, WI 53008-2490

Phone: (262) 827-7030 or (888) 868-2492

Flex Benefit Plan Agreement
Enrollment/Change Form

		Fax: (262)	879-0016					oyer's Us		
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			Milwauke	e, WI 53202		_	Termination (Should comple	ete COBRA	A form*)
T31			0000	D1			Change in Sta	atus		
Flexible Choices Program - 2008 Plan Year Directions: Employee - Complete Sections 1, 2 and 3 and also write in "Plan Year" above if not shown.						mange in ou			-	
Direct	tions: Employee - Complete Section Employer - Check appropriate				own.	ι	eave of Abse	ence		
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1	Employee Informat	ion								
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	Employee Address (Street, Apt. #	4)								
	Employee Address (offeet, Apr. 7									
	Francisco Address (City State 3	7in Cada)								
	Employee Address (City, State, 2	ip Code)								
	City of Milwaukee Department					Effective D	ate (new emp	oloyees only	y)	
2	Flex Benefit Electio	n								
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<u>Do Not</u> mail this form directly to ProcessWorks, Inc. **<u>Mail</u>** the form to the Department of Employee Relations, CH706, Attn: FSA Enrollment

TERMS AND CONDITIONS

By signing the front of this election form, I understand that:

- > The dependent day care expenses, out-of-pocket medical expenses and private insurance expenses that qualify under Section 125 of the Internal Revenue Code are separate flexible benefit accounts. My contributions to and expenses incurred for each flexible benefit account are separate and non-transferable from one account to another.
- > I will be reimbursed for out-of-pocket medical expenses at any point during the Plan Year up to the amount of my Plan Year Election. Dependent day care expenses will not be reimbursed in excess of the amount in my flex account, unless otherwise specified by my employer.
- > In order to change my election after the Plan Year has begun, I must experience a qualified Change in Status Event. Election changes due to a Change in Status Event must be made within a reasonable time (usually 30 days before or after the event unless otherwise specified in my Summary Plan Description) AND must be consistent with the change that took place as defined by the IRS Consistency Rule. The effective date of the election brought forth by the Change in Status Even is the later of the: (1) date of the Change in Status Event, or (2) the date you requested the change, except for the birth or adoption of a child where HIPPA special enrollment rules apply. The following chart outlines the qualifying Change in Status Events:

Events for employer-sponsored health related and group term life insurance plans and the out-of-pocket medical expense account

Change in Status - Qualifying Events

- 1. Change in legal marital status Marriage, divorce, death of spouse, legal separation, and annulment.
- 2. Change in the number of tax dependents birth, adoption, placement for adoption, and death.
- 3. Change in employment Status of the employee, employee's spouse or employee's dependent(s) Termination or commencement of employment, strike or lockout, commencement of, or return from an unpaid leave of absence, or a change in worksite.
- 4. **Dependent satisfies (or ceases to satisfy) dependent eligibility requirements** Due to attainment of limiting age under the insurance plan, gain or loss of student status, marriage or any similar circumstance.
- 5. **Residence change of the employee's spouse or employee's dependent(s)** Only allowable if the change in residence affects the employee's eligibility for coverage.

Consistency Rule

In order to change your election, the change must be on account of and correspond with a **Change in Status Event** that affects you, your spouse or your dependent's eligibility for the employer-sponsored benefit plan(s). In other words, the increase or decrease in your flexible benefit plan election amount must be consistent with the gain or loss of your eligibility to participate. If the Change in Status Event does not affect the eligibility of that insurance and/or out-of-pocket medical expense you cannot make the change. Special consistency rules also apply for the following situations: loss of dependent eligibility, gain of coverage eligibility under another employer's plan, and life or disability coverage. Should you need clarification of these events, please call ProcessWorks.

Additional Change in Status - Qualifying Events

Cost changes with automatic election increases/decreases*, significant cost increases*, significant coverage curtailment*, addition or elimination of benefit package options offered by your employer*, change in coverage of spouse or dependent under another employer's plan*, family Medical Leave of Absences as qualified under FMLA, HIPPA special enrollment rights, qualification and election under COBRA or state continuation*, Medicare or Medicaid entitlement or curtailment, or a judgement, decrees or court order including a Qualified Medical Child Support Order.

*Does not apply to the out-of- pocket medical expense account.

Events for dependent day care expense account

Marriage, divorce, death, birth or adoption of a child of the employee, termination or commencement of employment of the employee's spouse, a switch between full-time and part-time by the employee or employee's spouse, taking of an unpaid leave of absence or returning from unpaid leave by the employee or employee's spouse, going out on or returning from a Family Medical Leave of Absence as qualified under FMLA.

- > The Plan Administrator may reduce or cancel my compensation redirection or otherwise modify this agreement in the event he believes the reduction or cancellation advisable in order to satisfy certain provisions of the Internal Revenue Code. Prior to each Plan Year I will be given the opportunity to change my Flexible Benefit Plan Agreement for the upcoming Plan Year.
- > My election of benefits shall cease upon termination of my employment, unless an election is made to continue my out-of-pocket medical participation with after-tax contributions, pursuant to my rights under COBRA. If I do not elect COBRA for my out-of-pocket medical account, my benefits are limited to the time frame from which the Plan Year began and my last day of employment.
- > My Social Security benefits may be affected because I am lowering my taxable income by electing to participate in the flexible benefit plan. This means that my Social Security benefits could be decreased because of the decreased amount of compensation that is considered for Social Security purposes. In most cases, my flexible benefit plan election will not affect any other benefits I receive from my Employer. However, paying for disability income policies pre-tax will cause the benefits payable thereunder to be taxable.
- > To receive these tax-free benefits, I must plan ahead. Planning is important because the IRS says that I will lose any unused money in my flex accounts at the end of the Plan Year. These tax-free dollars can only be used for eligible dependent day care, out-of-pocket medical or private insurance expenses that were incurred (not paid or billed) during the same Plan Year in which I set aside the money for. All claims must be submitted by the end of the Plan Year filing period. Any claims submitted after that time cannot be considered. Any monies forfeited may not be paid back to me in any manner or used to provide future benefits, according to IRS regulations.

Do Not mail this form directly to ProcessWorks, Inc. Mail the form to the Department of Employee Relations, CH706, Attn: FSA Enrollment

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